

# **Exhibit K**

1  
2 IN THE UNITED STATES DISTRICT COURT  
3 FOR THE SOUTHERN DISTRICT OF NEW YORK  
4

5 UMB BANK, N.A., as Trustee, )

)

6 Plaintiff, ) No. 1:15-CV-08725

) (GBD) (RWL)

7 vs. )

)

8 SANOFI, )

)

9 Defendant. )

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16 VIDEOTAPED DEPOSITION OF DAVID E. SMOLIN

17 New York, New York

18 Wednesday, March 20, 2019  
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21  
22

23 Reported by:

24 KRISTIN KOCH, RPR, RMR, CRR

25 JOB NO. 156494

1 D. Smolin

2 diligence report, focused here on this -- on  
3 the chemistry manufacturing and control  
4 section.

5 Q. And so, in your experience, this  
6 work typically happens pre closing?

7 A. Well, certainly the due diligence  
8 does and -- and there is -- there is a risk  
9 assessment in its broadest form that's  
10 accompanying that overall due diligence report.  
11 Risks and opportunities and the like for -- the  
12 term that was always used was are there any  
13 show-stoppers.

14 Q. And is it your experience that in  
15 due diligence typically there is sort of a full  
16 awareness gained of all of the underlying  
17 issues at the company?

18 A. It's difficult to get a complete  
19 awareness, but I -- I believe, having done this  
20 a number of times on behalf of Bristol-Myers  
21 Squibb, that we had quite a good understanding  
22 of what the issues were with respect to any  
23 given product.

24 Q. And in connection with any of your  
25 acquisitions or acquisition work while at

1 D. Smolin

2 Q. Would it depend on what that  
3 information actually is?

4 A. Yes.

5 Q. Do you have any knowledge  
6 independent from what's set forth in the  
7 Phillips report about the specific micro --  
8 microcarrier perfusion technology that was used  
9 with respect to the manufacture of Cerezyme and  
10 Fabrazyme?

11 A. No, I have not practiced perfusion  
12 technology, but I am knowledgeable about its  
13 purpose, but I am not an expert in perfusion  
14 technology.

15 Q. Have you ever had occasion to --  
16 this may not be the right way to phrase it --  
17 work with perfusion technology?

18 A. Yes.

19 Q. Okay. Can you describe that for me?

20 A. I previously referenced perfusion  
21 technology being applied for the inoculum  
22 expansion steps for the production of Enbrel.

23 Q. And anything other than that process  
24 in Enbrel?

25 A. No. Perfusion technology ordinarily

1 D. Smolin

2 perspective, could provide an additional hurdle  
3 to over -- overcome with -- but I emphasize  
4 could provide an additional hurdle to overcome.  
5 The Consent Decree is meant to help assure the  
6 sponsor remains compliant in all respects with  
7 good manufacturing processes, otherwise the  
8 Consent Decree wouldn't have been issued in  
9 the -- in the first place.

10 So I would say it should be taken  
11 into account as to what the nature of the  
12 change is, the regulatory classification, and,  
13 if you will, offer a potential second check on  
14 that submission, but I don't see the Consent  
15 Decree as causing an undue delay in any  
16 submission of that type.

17 Q. But you have not yourself had  
18 personal experience submitting either a CBE-30  
19 or CBE-0 in the context of a company operating  
20 under a Consent Decree; correct?

21 A. No, I have not.

22 Q. I think we briefly spoke about minor  
23 changes or at least you referenced the annual  
24 report changes and those are for minor changes;  
25 correct?

1 D. Smolin

2 A. I don't recall specific discussions  
3 of these. They may have come up during the one  
4 meeting that we had here.

5 Q. But no specific recollection of  
6 discussing them otherwise?

7 A. No. I don't -- there is certainly  
8 no specific recollection regarding the  
9 technical information that supports them or the  
10 regulatory classifications that they might have  
11 been placed under.

12 Q. And with respect to the proposed  
13 process improvements that she references in her  
14 report, have you performed any analyses on your  
15 own to determine whether each would have been  
16 feasible to implement at the relevant time?

17 A. No, not -- not an analysis like  
18 that.

19 Q. Did you undertake any analysis with  
20 respect to the proposed process improvements  
21 that she references?

22 A. I only gave them consideration as to  
23 what they are proposed to be and how they may  
24 be implemented, what regulatory classification  
25 they may be given, based on what I knew about

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2 too long, these improvements would not have  
3 made any difference, and I don't assume that to  
4 be correct, the regulatory classification.

5 Q. Right. But you can't affirmatively  
6 say that they are not accurate; correct?

7 MR. MINTZ: Objection to form.

8 A. To my knowledge, there was never a  
9 determination of what regulatory classification  
10 these process improvements would require.

11 Q. And you can't affirmatively state  
12 one way or the other today whether they would  
13 have been qualified as a CBE-0, a CBE-30 or  
14 some other classification; correct?

15 MR. MINTZ: Objection to form.

16 Misstates the record.

17 A. What I wrote in 69 stands, and in  
18 respect to that it can't be assumed that the  
19 Sanofi position was correct.

20 Q. I understand that's what you have  
21 said. My question is slightly different.

22 Are you able to say with certainty  
23 that any of the process improvements that  
24 Ms. Phillips talks about in her report would  
25 have been accepted as a CBE-0 or a CBE-30?

1 D. Smolin

2 A. I can't say that with certainty, but  
3 I think there is an appropriate probability  
4 that they would have been accepted under a  
5 lower regulatory classification that should  
6 have been pursued by direct discussion with  
7 FDA, because, in my opinion, these don't  
8 constitute major changes.

9 Q. But you have not yourself submitted  
10 any CBE-0s or CBE-30s that you can recollect;  
11 correct?

12 MR. MINTZ: Objection to form.

13 Q. For post-approval changes.

14 A. We have discussed that. I don't --

15 MR. MINTZ: Same objection.

16 A. -- recall.

17 Q. You go on in 71 to talk about  
18 "deciding what regulatory approach to take with  
19 respect to implementing a change to the  
20 approved process for making a biologic is a  
21 matter of judgment and discretion." Do you see  
22 that?

23 A. Yes.

24 Q. And you go on to say it's "a balance  
25 of regulatory risk and benefit."